| NATIONAL Assessment Centre   | Services.                                 | [wel + Jan'05] .   | . MINA 1191177  | 10.  |                     |
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| 800 954 Reporting Only   | I-Photo Up                                | londed   | !   |  |                     |
| Mark Programmer  |   | Survey Report  |   |  |                     |
| TP Insurer:  |   | by Fax / Hand to   | Owner/Wksp  |  |                     |
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| TP Particulars: Veh No: 51   | N 1155 P.                                 | . INC(   | )/Non-INC( )  |  |                     |
| Owner/Driver: (  | 10 1133 7.                                |  | Tel:  | · · · · · · · · · · · · · · · · · · ·  |                     |
| Policy No: ( ) Perio   | od: (                                     | )  | Cover Type: (   | )  |                     |
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| hsured/Driver Liability: ( %) [No  | te-Est. Status                            | (WO): N: 0-20%   | 6; P: 21-79%. P: 80   | )-100%]  |                     |
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| 2) QC Check / Post Repair Inspection   |   | )-   |   | <del>  ,                                   </del>  |                     |
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|  |   | 4) FT : Follow-Throu   | th Survey   | \$120  |                     |
| ntact No:  |   | 5) PT : Pollow-Throu   | li Burvey (Resurvey)<br>UNG Only (wef 10 Jan 200  | \$30   |                     |
| maged Portion:   | ***************************************   | 6) TR: Re-Inspection   |   | \$75   |                     |
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

| Date Of Report 05/09/2019 13:52 Date Of Accident 04/09/2019 16:50 Exact Location Of Accident CROSS STREET JUNC WITH NEW BRIDGE RD SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLR9779R  Insured/Policyholder  Name Of Registered Owner MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET NRIC No S1244798A Remail Address NOEMAIL Mobile Phone No OFFICE-90234098  Vehicle Particulars  Manufacturer BMW Model 320D Exact Purpose for which vehicle was being used at time of accident 1 Mo. Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company Vehicle Category NTUC INCOME INSURANCE CO-OPERATIVE LTD Vehicle Category NUMBER Filed Policy NO Policy Number 5111430280 COWER HERNIYE NOR HANDER COWER NOR HANDER VEHICLE NOR S439349E Date Of Birth 26/11/1984 Docupation InDOOR Date Of Driving Pass 17/11/2009 Griving Experience SHOWNER MAIL Address ROYSTONNG@SMJF.COM.SG   | WHITE SERVICE IN THE LEGISLAND   | ACCIDENT STATEMENT   |
|--|--|--|
| Exact Location Of Accident Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder  Name Of Registered Owner NRIC No S1244798A NOEMAIL Mobile Phone No (LOCAL) +65-81539779  MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET NRIC No S1244798A NOEMAIL Mobile Phone No (FICE-90234098  Vehicle Particulars  Manufacturer BMW Model S20D Exact Purpose for which vehicle was being used at time of accident 1 Mo. Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Ficet Policy No Policy Number Diriver Valance of Driver Vehicle Of Birth S2439349E S2439349E S248C OF Piving Pass NOON POLICY Piving Pass NOON PIVING Pivi | Date Of Report   | 05/09/2019 13:52   |
| Country/State of Loss  SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  NRIC No  S1244798A  NOEMAIL  (LOCAL) +65-90234098  OFFICE-90234098  Vehicle Particulars  Manufacturer  BMW  320D  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Driver  Same of Driver  No  S439349E  Date Of Birth  Decupation  No  S6439349E  Date Of Driving Pass  17/11/2009  Private Under  No  S10APORE  SLR9779R  MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET  SLR979B  MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET  NOEMAIL  (LOCAL) +65-81539779  NOBERON VEHICLE  SLR979R  MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET  SLR979B  MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET  SLR979B  MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET  NOEMAIL  NOEMAIL  NO  S1244798A  NOBERON VEHICLE  NO  SNO SHAND SUBRONNER MARTIN NEE FANG POH CHENG MARGARET  NEED FANG POH CHENG MARGARET  NEED FANG POH CHENG MARGARET  NOEMAIL  NO  SNO SUBRON VEHICLE  NO  SNO SUBRON VEH | Date Of Accident   | 04/09/2019 16:50   |
| Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder  Name Of Registered Owner NRIC No S1244798A Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-90234098  Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company No Diction No S1244798A No  | Exact Location Of Accident   | CROSS STREET JUNC WITH NEW BRIDGE RD   |
| Vehicle Registration Number         SL R9779R           Insurad/Policyholder         MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET           NRIC No         \$1244798A           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-90234098           Alternative Phone No         OFFICE-90234098           Vehicle Particulars         BMW           Model         320D           Exact Purpose for which vehicle was being used at lime of accident         PRIVATE USE           Are you claiming under your own insurance polley for repair to your vehicle?         NO           If No. Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Organic Policy Number         COMPREHENSIVE           Oblicy Number         ON           Oblicy Number         5111430280           Oblicy Number         S4439349E           Date Of Driver         S4439349E           Date Of Birth         26/12/1984           Obcupation         INDOOR           Date Of Driving Pass         17/11/2009           Driving Experience         9 YEARS AND 9 MONTHS           Gender         MALE   | Country/State of Loss  |  |
| Vehicle Registration Number         SL R9779R           Insurad/Policyholder         MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET           NRIC No         \$1244798A           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-90234098           Alternative Phone No         OFFICE-90234098           Vehicle Particulars         BMW           Model         320D           Exact Purpose for which vehicle was being used at lime of accident         PRIVATE USE           Are you claiming under your own insurance polley for repair to your vehicle?         NO           If No. Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Organic Policy Number         COMPREHENSIVE           Oblicy Number         ON           Oblicy Number         5111430280           Oblicy Number         S4439349E           Date Of Driver         S4439349E           Date Of Birth         26/12/1984           Obcupation         INDOOR           Date Of Driving Pass         17/11/2009           Driving Experience         9 YEARS AND 9 MONTHS           Gender         MALE   | <b>编集企业的基本企业</b>   |  |
| Name Of Registered Owner NRIC No S1244798A NOEMAIL NOEMAIL (LOCAL) +65-90234098 Alternative Phone No OFFICE-90234098 Alternative Phone No OFFICE-90234098  Vehicle Particulars Manufacturer Model S20D Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE NO Cover Note Number Cover Note Number Driver NG HAN ZHE ROYSTON (HUANG HANZHE) VAICE OF Birth Docupation NDOOR NG HAN ZHE ROYSTON (HUANG HANZHE) VAICE OF Driving Pass 17/11/2009 Oriving Experience 9 YEARS AND 9 MONTHS Gender Golden Number Golden Number Golden Number Golden Number Golden Number Golden Number Golden MALE Golden Number Golden MALE Golden Number Golden Number Golden Number  |  | The second secon |
| NRIC No S1244798A  Mobile Phone No (LCCAL) +65-90234098  Vehicle Particulars  Manufacturer Model 3200  Exact Purpose for which vehicle was being used at lime of accident Vehicle Category  More Pour Category  No Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company No Policy Number Cover Note Number  Diriver  No HAN ZHE ROYSTON (HUANG HANZHE)  No HAN ZHE ROYSTON (HUANG HANZHE)  No S8439349E  Date Of Birth Docupation  Jorving Experience  MALE  MODEL  MALE  MODEL  MODEL  MODEL  MALE  MODEL  MOD | Insured/Policyholder   |  |
| NRIC No S1244798A Email Address NOEMAIL (LOCAL) +65-90234098 Alternative Phone No OFFICE-90234098  Alternative Phone No OFFICE-90234098  Webicle Particulars  Manufacturer BMW Model 320D Exact Purpose for which vehicle was being used at inne of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE NO Policy Number 5111430280 Cover Note Number - Cover Note Number - Driver  Vame of Driver NG HAN ZHE ROYSTON (HUANG HANZHE) VIRIC No S8439349E VIRIC No S8439349E VIRIC No S8439349E VIRIC No S8439349E VIRIC No S1711/2009 VIVING PASS 17/11/2009 VIVING PASS 17/11/2009 VIVING PASS 17/11/2009 VIVING PASS AND 9 MONTHS MALE Mobile Number VIVING Number VIVING PASS NAD 9 MONTHS MALE Mobile Number VIVING PASS NAD 9 MONTHS VIVI | Name Of Registered Owner   | MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARCADET  |
| Mobile Phone No (LOCAL) +65-90234098 Alternative Phone No OFFICE-90234098  Wehicle Particulars  Manufacturer  Model  Sexact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  NO  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  NO  Policy Number  Still 430280  Cover Note Number  Driver  NAME of Driver  NAME of Driver  NAME of Driver  NAME OF Diriver  NO  COAL) +65-81539779  NO  COAL) +65-81539779   | NRIC No  |  |
| Alternative Phone No OFFICE-90234098  Vehicle Particulars  Manufacturer BMW Model 320D Exact Purpose for which vehicle was being used at lime of accident No Accident Purpose for which vehicle was being used at firm e of accident Purpose for which vehicle was being used at firm e of accident Purpose for which vehicle was being used at time of accident Purpose for which vehicle was being used at time of accident Purpose for which vehicle was being used at time of accident Purpose for which vehicle was being used at time of accident Purpose for which vehicle was being used at time of the purpose for which vehicle was being used at time of the purpose for which vehicle was being used at time of the purpose for which vehicle was being used at time of the purpose for which vehicle was being used at time of the purpose for which vehicle was being used at time of the purpose for which vehicle was being used at time of the purpose for which vehicle was being used at time of the purpose for which vehicle was being used at time of the purpose for which vehicle was being used at time of the purpose for which vehicle was being used at the Use of the purpose for which vehicle was being used at the Use of the purpose for which vehicle Party Vehicle Cooperative Use of the Use of the purpose for which vehicle Party Vehicle Cooperative Use of the Us | Email Address  | NOEMAIL  |
| Alternative Phone No Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at larne of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver NG HAN ZHE ROYSTON (HUANG HANZHE) Setate Of Driving Pass Driving Experience Sender MALE Mobile Number  LOCAL) +65-81539779  LOCAL Moder  Moder  Moder  Moder  Moder  Manufacturer  BMW  320D  PRIVATE USE  NO   | Mobile Phone No  | (LOCAL) +65-90234098   |
| Wehicle Particulars  Manufacturer  Model  Saud  Saud  Exact Purpose for which vehicle was being used at lime of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Wehicle Category  Nover Insurance Company  Name of Insurance Company  Name of Insurance Company  Nover Insurance Cooperative LTD  Compressive  Filest Policy  Nover Note Number  Cover Note Number  Cover Note Number  Cover Note Number  Nover Note Number  Nover Note Number  Satagasage  Satagasage  Satagasage  Satagasage  Satagasage  Nover Note Number  Nover Note Number  Satagasage  Nover Note Number  Nover Not | Alternative Phone No   |  |
| Model 320D  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  THIRD PARTY Vehicle Category  PRIVATE CAR  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  NSame of Driver  NG HAN ZHE ROYSTON (HUANG HANZHE)  Name of Driver  NRIC No  S8439349E  Date Of Birth  Docupation  Date Of Driving Pass  T/111/2009  PYEARS AND 9 MONTHS  Gender  MALE  Mobile Number  Contact Number  | Vehicle Particulars  |  |
| Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver Name of Driver NRIC No Sa439349E Date Of Birth Docupation Diving Pass Driving Experience Sender MALE (LOCAL) +65-81539779 Sender Contact Number   | Manufacturer   | BMW  |
| Itime of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company No Policy Press Pr | Model  | 320D   |
| If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company Name of Insurance Company No Policy Number Cover Note Number Name of Driver Name of Driv | Exact Purpose for which vehicle was being used at<br>time of accident        | PRIVATE USE  |
| Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  NO  Policy Number  Solver Note Number  NG HAN ZHE ROYSTON (HUANG HANZHE)  NRIC No  S8439349E  26/12/1984  Docupation  NDOOR  Date Of Driving Pass  Driving Experience  Sender  MALE  Mobile Number  Contact Number  | Are you claiming under your own insurance policy for repair to your vehicle? | NO   |
| Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company No Comprehensive Fleet Policy No Policy Number Solver Note Number Oriver Name of Driver Name of Driver Name of Driver NRIC No S8439349E Date Of Birth Docupation Divider Name of Driving Pass Name of Driving Pass Oriving Experience NALE Mobile Number NALE Mobile Number NTLC NO NTLC NO NALE NALE Mobile Number NALE NALE NALE NALE NALE NALE NALE NALE  | If No, Please state action to be taken                                       | THIRD PARTY  |
| Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE NO Policy Number 5111430280   | Vehicle Category   | PRIVATE CAR  |
| Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5111430280 Cover Note Number -  Driver Name of Driver NG HAN ZHE ROYSTON (HUANG HANZHE) NRIC No S8439349E Date Of Birth 26/12/1984 Docupation INDOOR Date Of Driving Pass 17/11/2009 Driving Experience 9 YEARS AND 9 MONTHS Gender MALE Mobile Number Contact Number Contact Number  | Insurance Company  |  |
| Type Of Coverage  Fleet Policy  NO  Policy Number  Still 430280  Cover Note Number  Driver  NG HAN ZHE ROYSTON (HUANG HANZHE)  NRIC No  S8439349E  Date Of Birth  Docupation  Driving Pass  17/11/2009  Driving Experience  Sender  MALE  Mobile Number  Contact Number  Contact Number  | Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD   |
| Fleet Policy Policy Number 5111430280 Cover Note Number - Driver Name of Driver NRIC No S8439349E Date Of Birth Decupation Driving Pass 17/11/2009 Driving Experience Sender Male Mobile Number Sentact Number Sontact Number  | Type Of Coverage   |  |
| Cover Note Number  Driver  Name of Driver  NG HAN ZHE ROYSTON (HUANG HANZHE)  S8439349E  Date Of Birth  Cocupation  INDOOR Date Of Driving Pass  Driving Experience  9 YEARS AND 9 MONTHS  Gender  MALE  Mobile Number  Contact Number   | Fleet Policy   | NO   |
| Driver         NG HAN ZHE ROYSTON (HUANG HANZHE)           NRIC No         \$8439349E           Date Of Birth         26/12/1984           Decupation         INDOOR           Date Of Driving Pass         17/11/2009           Driving Experience         9 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81539779           Contact Number         Contact Number  | Policy Number  | 5111430280   |
| Name of Driver NG HAN ZHE ROYSTON (HUANG HANZHE) S8439349E Date Of Birth Decupation Date Of Driving Pass Driving Experience Sender MALE Mobile Number Contact Number   | Cover Note Number  |  |
| NRIC No S8439349E Date Of Birth 26/12/1984 Decupation INDOOR Date Of Driving Pass 17/11/2009 Driving Experience 9 YEARS AND 9 MONTHS Gender MALE Mobile Number Contact Number  | Driver   |  |
| NRIC No         \$8439349E           Date Of Birth         26/12/1984           Decupation         INDOOR           Date Of Driving Pass         17/11/2009           Driving Experience         9 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-81539779           Fax Number         Contact Number   | Name of Driver   | NG HAN ZHE ROYSTON (HUANG HANZHE)  |
| Doccupation INDOOR Date Of Driving Pass 17/11/2009 Driving Experience 9 YEARS AND 9 MONTHS Gender MALE Mobile Number (LOCAL) +65-81539779 Fax Number Contact Number  | NRIC No  | AND  |
| Date Of Driving Pass 17/11/2009 Oriving Experience 9 YEARS AND 9 MONTHS Gender MALE Mobile Number (LOCAL) +65-81539779 Contact Number  | Date Of Birth  | 26/12/1984   |
| Oriving Experience 9 YEARS AND 9 MONTHS Gender MALE Mobile Number (LOCAL) +65-81539779 Fax Number Contact Number   | Occupation   | INDOOR   |
| MALE Mobile Number (LOCAL) +65-81539779  Eax Number Contact Number   | Date Of Driving Pass   | 17/11/2009   |
| Gender MALE Mobile Number (LOCAL) +65-81539779 Fax Number Contact Number   | Priving Experience   | 9 YEARS AND 9 MONTHS   |
| ax Number Contact Number   |  |  |
| ax Number Contact Number   | Mobile Number  | (LOCAL) +65-81539779   |
|  | ax Number  | # 900000000 # 10000 PB PB PB PB B  |
| Mail Address ROYSTONNG@SMJF.COM.SG   | Contact Number   |  |
|  | Mail Address   | ROYSTONNG@SMJF.COM.SG  |

Address BLK 547B SEGAR RD #12-05

Postcode 672547

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes.Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20190905/2010.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** Vehicle Category

PRIVATE CAR

**SLN1155P** 

Name of Driver V PANDIARAJU

NRIC/Passport Number S1592903J Contact Number 82551794

Address Postcode

Insurance Company Name

Nature Of Damage

# **DETAILS OF INJURED PERSON 1**

Name

NG HAN ZHE ROYSTON (HUANG HANZHE)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode NECK & BACK

SLR9779R

YES

NO

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

CLEARN A LONG BURGON COMMISSION OF THE PARTY OF THE PARTY

1

| SKETCH PLAN                            |   |              |   |                             |
|--|---|--------------|---|-----------------------------|
|  |   |              |   |                             |
| New Bridge R                           | 4   |              |   | A = SLR 977<br>B = SLN 1155 |
| DESCRIBE CIRCUMSTANCE                  | S OF THE ACCIDENT   | Upp Cross    | St                                      |                             |
|  |   |              |   |                             |
| Reser                                  | to Police   | Report       | 7/201                                   | 90905 /2010                 |
|  |   | /            |   |                             |
|  |   |              |   |                             |
|  |   |              |   |                             |
|  |   |              |   |                             |
|  |   |              |   |                             |
|  |   |              |   |                             |
|  |   |              |   |                             |
|  |   |              |   |                             |
| PECLARATION                            |   |              |   |                             |
| We declare the foregoing partic        | culars are true in every resp                                 | pect.        | 1                                       | +                           |
| olicyholder's Signature<br>ate & Time: | Driver's Signature<br>(If driver is not the p<br>Date & Time: | olicyholder) | Reporting Cen<br>Name:<br>NRIC/FIN No.: | tre Personnel's Signature   |





1 of 3

Report No. T/20190905/2010

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

#### REPORT OF A TRAFFIC ACCIDENT

|  | ne Report N<br>019 01:05 | Made:                     | Vide Report No.: Station Diary 10 |                             |  |
|--|--------------------------|---------------------------|-----------------------------------|-----------------------------|--|
| Informa  | nt's Partic              | ulars                     |                                   |                             |  |
|  | f Informant:<br>NZHE ROY |                           | Address:<br>APT BLK 547B SEGAR R  | OAD #12-05 SINGAPORE 672547 |  |
| The state of the s | / ID No.:<br>O / S84393  | 49E                       | Contact No.:<br>Home/Office:      | Mobile: 81539779            |  |
| National<br>SINGAP   | lity:<br>PORE CITIZ      | ΈΝ                        | Email:                            |                             |  |
| Sex:<br>Male   | Age:<br>34               | Date of Birth: 26/12/1984 | Type of Informant:<br>Driver      |                             |  |
| Race:<br>Chinese   |                          |                           | Language:<br>English              | Institution / School Name:  |  |
| Occupat  | tion:                    |                           | Driving Licence Informatio        | on:<br>Date of Expiry       |  |

| Type of<br>Accident:                                   | Injury<br>Others | Drink Drive: No   | Date/Time of<br>Accident:<br>04/09/2019 16:50 | Type of Location              |  |
|--|------------------|---|---|-------------------------------|--|
| Location:<br>Along Road 1<br>NEW BRIDG<br>Cross Street |                  | 92<br>2000 - 10 |   | 50                            |  |
|  |                  | Road Surface:<br>Dry  |   | Road Speed Limit:             |  |
| Traffic Flow:  |                  | Traffic Control:  |   | Traffic Volume:               |  |
| Type of Collis   | sion:            | d To Side   |   | Anyone conveyed by ambulance: |  |

| Details of V | ehicle Invo | lved |       |       |                     |                 |
|--------------|-------------|------|-------|-------|---------------------|-----------------|
| Vehicle No.  | Туре        | Make | Model | Color | Condition           | No of Passenger |
| SLN1155P     | Car         |      |       |       | Slightly<br>Damaged | 1               |
| SLR9779R     | Car         |      |       |       | Slightly<br>Damaged | 0               |

| Details of Person Involved      |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





2 of 3

Report No. T/20190905/2010

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

| Driver           |                         |           | CONTRACTOR OF THE PARTY OF THE |                                     |                                   |                                   |
|------------------|-------------------------|-----------|---|-------------------------------------|-----------------------------------|-----------------------------------|
| Name             | V Pandiaraju            |           |   | ID No.                              |                                   | S1592903J                         |
| Related Vehicle  | SLN1155P (Car)          |           |   | Conta                               | ct No.                            | 82551794                          |
| Hospital/Clinic  | NIL                     |           | Class of<br>Driving<br>Licence &<br>Expiry Date   |                                     | Class: NIL<br>Date of Expiry: NIL |                                   |
| Date Treatment   | NIL                     | Date Disc | Discharge NIL   |                                     |                                   |                                   |
| No. of Days gran | ted Medical Leave       | NIL       | Degree of   | f Injury                            | Slight                            | t                                 |
| Driver           |                         |           |   |                                     |                                   |                                   |
| Name             | NG HAN ZHE ROYSTON      |           |   | ID No                               | * :                               | S8439349E                         |
| Related Vehicle  | SLR9779R (Car)          |           |   | Conta                               | ct No.                            | 81539779                          |
| Hospital/Clinic  | MOUNT ALVERNIA HOSPITAL |           |   | Class<br>Drivin<br>Licent<br>Expire | g                                 | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment   | 04/09/2019              |           | Date Disc   | charge                              | 04/09                             | 9/2019                            |
| No. of Days gran | ted Medical Leave       | 05        | Degree o  | f Injury                            | Sligh                             | t                                 |

#### **Brief Details.**

On the 04/09/2019 at about 1650hrs, I was driving my vehicle "SLR9779R" when I arrived at Cross Street. At that point in time, I was at the traffic junction, it was red and my car was in complete stop. I was filtering to the left therefore when my vehicle stop, half of my vehicle was in lane 3 as I was unable to complete the changing of lane due to the red light. When it turn green, I wanted to move off and suddenly head a collision. I made a check and realized vehicle "SLN1155P" had collided into my vehicle. I then exchanged particulars with the driver. I later went to Mount Alvernia Hospital and was given 05 days of medical leave. I sustained strains on my back and neck areas. My vehicle passenger side front door was dented.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 3 Report No. T/20190905/2010

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The Report: J / Sgt 3 CHUA CHUEN LIANG | Signature Of Informant:        |
|---|--------------------------------|
| Signature Of Interpreter:<br>Not applicable                           | Date/Time:<br>05/09/2019 01:05 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE      | Classification Of Case:        |
| Contact No.: 65476414  Authentication Stamp                           |                                |

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. 5111430280 Date of Accident 04/09/2019 13:43 Vehicle No.(For Motor) SLR9779R Certificate Number Search Certificate Policyholder Name Policyholder NRIC Select Policy No. Vehicle Insured Commence Date Product Cover Type Number Expiry Date Object MRS NEUBRONNER MARTIN NEE FANG POH drivo CLASSIC 5111430280 S1244798A GPC SLR9779R SLR9779R 31/07/2019 30/07/2020 CHENG MARGARET Continue

#### Claim Handling Accident MT/1061136 Policy No. 5111430280 Vehicle No. SLR9779R GST Registration No. Certificate No. Policyholder Name MRS NEUBRONNER MARTIN NEE FANG POH CHENG MARGARET Policyholder NRIC S1244798A Product Code PRIVATE CAR INSURANCE Loading drive CLASSIC Contact No.(Mobile) 90234098 Contact No./Office) Contact No.(Home) Email Address Special Remark eCode No \* eCode Reason KEK + No Yes NCD Protection NCD Entitlement(%) No Private Hire Accident Details Report Date 05/09/2019 15:33 Accident Report Within 24 hrs Yes. Accident Type Collision - Change / Cross tane Date of Accident 04/09/2019 Time of Accident hh:mm 16:50 Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location CROSS STREET JUNC WITH NEW BRIDGE RD **▼ Total Excess Applicable** Excess Type Der Leridant Windscreen Excess 100.00 QD Standard Excess 600.00 0.00 YIED OD Excess YIED TP Excess Driver is Covered? Covered 0.00 0.00 Additional Excess 0 Total TP Excess Applicable Total CO Excess Applicable 600,00 0.00 GST Registered Information GST Registration Date No GST Registration No. GST Status Verified Yes Modification History Policyholder Mailing Address Address 1 Address 2 YISHUN RING ROAD BLK 805 #13-4283 Address 3 SINGAPORE 760805 Address 4 Address Type Singapore address Post Code 760805 Unit No. Related Policy Number 5111430280 Driver Name NG HAN ZHE ROYSTON Driver Type Main Driver Unnamed driver Name Driver NR3C S8439349E Driver DOB 26/12/1984 Register Date of Driver Ucense 17/11/2009 Driver Age 34 Driving Experience 9 Contact No.(Mobile) 81539779 Contact No.(Office) Contact No.(Home) Address 1 BLK 547B #12-05 Address 2 SEGAR ROAD Address 3 SEGAR VALE Address 4 SINGAPORE 672547 Address Type Singapore address Post Code 672547 Unit No. Does he own a Singapore Registered car? Yes + No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? Any injury? w Yes 🗆 No Modification History Claim 001 New Insured Name MRS NEUBRONNER MARTIN NEE INSURED NRIC Claim Type \* OD-MX S1244798A Contact No. (Home) Contact No. (Office) Contact No.(Mobile) 67529798 90234098 Email Address SUN1155P maryaseef@starhub.com SLR9779R Name of Preferred Workshop SLR9779R / SLN1155F OM 4 SHPE 2019 Preferred Workshop Bontect No. Finalisation Yes Prefered Liability Not at Fault ▼ GIA Preferred Workshop, Name unk Received Date 05/09/2019 04 05/09/2019 15:38 Date Registered Report Yaken By LIEW SHAN HUI # Print AK letter Save Submit Attachment Claim No. Accident No. MT/1061136 001 Last Doc. Received \* Yes O No Unload Date 05/09/2019 15:40 Path \* Urgency \* Choose File No file chosen \* NO \* Normal Please Select Clear

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#### 9/5/2019

Claim Handling(accident reporting Claim Task )

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Photos 2019-9-5

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Attachment List Attachment Uploaded By/Date 9 Category Urgency Description 100 ---NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:40 22.62 NRIC/ Driving License Normal NRIC/ Driving License 2019-9-5 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:40 SAS Normal SAS 2019-9-5 NAC\_PAYA\_UB1\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:40 Normal Photos 2019-9-5 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Sep 2019 15:40 Photos Normal Photos 2019-9-5

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